

FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS
AND LOBBYIST/REGISTRANT PACsRECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

JUL 14 PM 2:24

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
Friends of Sherrod Brown

ADDRESS (number and street) PO Box 15293

☐ Check if different than previously reported. (ACC) Washington DC 20003
CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00264697
3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)
4. STATE OH DISTRICT 00
For Candidates Only

5. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
☐ April 15 Quarterly Report (Q1)
☒ July 15 Quarterly Report (Q2) and/or Semi-annual Report
☐ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE) and/or Semi-annual Report
☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report
(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report
(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Special (12S) ☐ Convention (12C)
Election on M M / D D / Y Y Y Y Y Y in the State of See Line 6(b)
(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
Election on M M / D D / Y Y Y Y Y Y in the State of See Line 6(b)
This report also covers the semi-annual period

6. Covered Period(s)
(a) Quarterly/Monthly/Pre-/Post-Election Covered Period This report covers M M / D D / Y Y Y Y Y Y through M M / D D / Y Y Y Y Y Y and/or
04 01 2017 06 30 2017
(b) Semi-annual Covered Period ☒ January 1 - June 30
☐ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs
(a) Quarterly/Monthly/Pre-/Post-Election Covered Period 27050.00
(b) Semi-annual Covered Period 76926.37

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Zamore, Judith, . .

Signature of Treasurer

Zamore, Judith

Date

07 14 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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